### Section 6.

# Insurance

#### **Health Insurance:**

Person Insured:	Medic	are Claim # :	
Health plan name and type:			
Address:			
Insurance # :	Group # :		
Local Rep. name:	Telephone#:( )		
Address:			
 Email			
Address:	Website:		
Address: Cost of premium:	Date due:	Co-Pay Amt:	
Rx coverage:	Deductible:		
Electronic claim crossover from Mo	edicare?		
Location of paperwork:			
Person Insured:	Medic	are Claim # :	
Health plan name and type:			
Address:			
Insurance # :	Group # :		
Local Rep. name:	Telepho	ne#:( )	
Address:			
 Email			
Address:	Website:		
Cost of premium:	Date due:	Co-Pay Amt:	
Rx coverage:	Deductible:		
Electronic claim crossover from Me	edicare?		
Location of paperwork:			
Person Insured:	Medic	are Claim # :	
Health plan name and type:		· · · · · · · · · · · · · · · · · · ·	
Address:			
Insurance #:			
Local Rep. name:	· · · · · · · · · · · · · · · · · · ·		
Address:			
 Email			
Address:	Website:		
Cost of premium:	Date due:	Co-Pay Amt:	
Rx coverage:	Deductible:	•	
Electronic claim crossover from Mo	edicare?		
Location of paperwork:			

## **Long-term Care Insurance:**

Person insurea:		
Company Name:		
Address:		
Tolophono #:/	Policy #	
Telephone #:( )	Policy #	
Local Representative Name:	ΓΛV #./ \	
Telephone #:( )	FAX#.( )	
Address:	Wobsito:	
Email Address:		
Cost of Premium:		
Deductibles/Exclusions:		
Location of Policy:		
Person insured:		
Company Name:		
Address:		
Telephone #:( )		
Local Representative Name:		
Telephone #:( )	FAX #:( )	
Address:		
Email Address:	Website:	
Cost of Premium:	Date Due:	
Deductibles/Exclusions:		
Location of Policy:		
Dental Insurance:		
Person insured:		
Company Name:		
Address:		
Telephone #:( )	Policy #	
Local Representative Name:		
Telephone #:( )		
Address:		
Email Address:		
Cost of Premium:	Date Due:	
Deductibles/Exclusions:		
Location of Policy:		

# Long Term Disability Insurance:

Name of Insured:Policy #			
Company Name:	Telephone #:( )		
Address:	- · · · · · · · · · · · · · · · · · · ·		
Local Representative Name:			
Telephone#:( )	Premium Amt:Date Due:		
Email Address:	Website:		
Location of Policy:			
Name of Insured:	Policy #		
	Telephone #:( )		
Address:			
Local Representative Name:			
Telephone#:( )	Premium Amt:Date Due:		
	Website:		
Location of Policy:			
Life Insurance:			
Name of Insured:	Amount:Policy#:		
Name of Company:			
Telephone#: ( )	Address:		
Telephone#: ( )	Address:		
 Email			
Address:	Website:		
Beneficiary(ies):			
Email Address:	Email Address:		
Policy Owner:	Premium Amount:		
	Date Premiums Due:		
Loans on Policy:			
Location of Policy:			

Name of Insured:	Amount:Policy #:	
Name of Company:		
Telephone#: ( )	Address:	
Local Rep. Name:	Address:	
Telephone#: ( )	Address:	
Email		
Address:	Website:	
Email Address:	Email Address:	
	Premium Amount:	
Cash Value:	Date Premiums Due:	
	Amount:Policy#:	
Telephone#: (	Address:	
	Addless.	
Telephone#: ( )	Address:	
 Email		
	Website:	
Beneficiary(ies):		
Email Address:	Email Address:	
	Premium Amount:	
	Date Premiums Due:	
Location of Policy:		
Name of Insured:	Amount:Policy#:	
Name of Company:	<del></del> ,	
Telephone#: ( )	Address:	
Tolonbono#: /	Address:	
reiepnone#: ( )	Address:	
Email		
Address:	Website:	
Beneficiary(ies):		
Email Address:	Email Address:	
	Premium Amount:	
	Date Premiums Due:	
Location of Policy:		

#### House Insurance/Renters Insurance :

Address of Property Insured:_		
Company:		Policy #:
Telephone#: ( )	Address:	
		Rental: 🗆 YES 🗆 NO
Local Rep. name:		_Telephone #: ( )
Address:		
Email Address:		Deductible:
Premium Amount:	Date Due:	Coverage Limit:
Umbrella Policy: □ Yes □ No		
Company:		Policy #:
Telephone#: ( )	Address:	
Local Rep. name:		_Telephone #: ( )
Address:		
Email Address:		Deductible:
		Coverage Limit:
Flood insurance: □ Yes □ No		"
Company:		Policy #:
Telephone#: ( )		
Email Address:		Deductible:
Premium Amount:		Date Due:
Earthquake insurance: □ Yes □	No	
Company:		Policy #:
Telephone#: ( )	Address:	r oney #.
		Deductible:
Location of Policies:		Date Due:
Location of Folicies.		
Address of Property Insured:		
Company:		Policy #:
Telephone#: ( )	Address:	
		Rental: □ YES □ NO
Local Rep. name:		_Telephone #: ( )
Address:		
Email Address:		Deductible:
Premium Amount:	Date Due:	Coverage Limit:
Umbrella Policy: ☐ Yes ☐ No		Deliev #
Company:	A	Policy #:
Telephone#: ( )	Address:	<del>-</del>
		_Telephone #: ( )
Address:		

Email Address:		Deductible	
	Date Due:		
Flood insurance: □ Yes □	□ No		
Company:		<i>,</i> #:	
Telephone#: ( )	Address:		
	Ded		
Premium Amount:	Dat	e Due:	
Earthquake insurance: □ Yes	□ No		
Company:	Policy	<i>'</i> #:	
Telephone#: ( )	Address:		
Email Address:	Ded	luctible:	
Premium Amount:	Dat		
Other Types of Insurance Item Insured:			
Company:	Policy	'#:	
Telephone#: ( )	Address:	/ \ \	
Local Rep. name:	Telephone #:	( )	
	Dedu		
	Date Due: Coverage		
Item Insured:			
Company:	Policy	/#:	
Telephone#: ( )	Address:Telephone #:		
Local Rep. name:	Telephone #:	( )	
Address:			
Email Address:	Dedu	ctible:	
Premium Amount:	Date due Cov	rerage Limit:	